



Hickory Parks and Recreation Department Bill McDonald Scholarship Fund Application

Application must be completed by parent or legal guardian. Recipient must be a City of Hickory resident.

Parent/Guardian First Name:		MI:	Last Name:	
Current Address:			Email:	
Must be a resident of Hickory, NC			Zip Code:	
Home Phone:	Cell Phone:		Work Phone:	
Have you or another household member previously requested fee assistance from a Hickory Parks & Recreation Program? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If so, when? _____ What assistance was provided? _____				
Number of Adults in Household:			Number of Children under 18 in Household:	
Participant 1's Name:		Date of Birth:	Grade:	
Program:	Dates:	Day/Time:	Fee:	
Program:	Dates:	Day/Time:	Fee:	
Equipment Needs:			Fee:	
Participant 2's Name:		Date of Birth:	Grade:	
Program:	Dates:	Day/Time:	Fee:	
Program:	Dates:	Day/Time:	Fee:	
Equipment Needs:			Fee:	
Do you currently receive free or reduced food assistance at your school?	Circle one: YES NO (if no, complete income section on next page)		<input type="checkbox"/> If yes, attach letter of proof of food assistance program required from school	



Total Monthly Household Income	\$	<input type="checkbox"/> Proof of Identity (Photo ID)
Utilities Expenses	\$	<input type="checkbox"/> Proof of Residence within City of Hickory City limits
Rent/Mortgage	\$	<input type="checkbox"/> Birth Certificate of Child(ren)
Car Payments	\$	<input type="checkbox"/> Proof of Income; i.e. Tax return from previous year, current paystubs
Daycare Expense	\$	

Other Monthly Expenses:

Please state why you are unable to afford the fee(s) for the program(s): Please use additional paper if necessary.

PLEASE NOTE THE FOLLOWING:

By signing below, you give your permission for this request to be processed by Hickory Parks and Recreation to determine your eligibility for fee assistance. HPRD will complete a financial needs assessment on applicants and determine eligibility for a scholarship or payment plan. Applicant is responsible for actual program enrollment.

All information on this application will be treated as confidential and used only to determine your eligibility for the fee assistance program. Your signature indicates that all information provided on this application is true and complete, to the best of your knowledge. You understand that providing false or incomplete information will result in this and any future applications being denied. If you are offered fee assistance and decide not to participate in the program, you agree to abide by Hickory Parks and Recreation Department procedures for program withdrawal and you understand that non-attendance or failure to pay your agreed-upon portion under any payment arrangement outlined below may make you ineligible for future consideration for fee assistance.

Signature (Parent/ Guardian if under 18) _____ Date _____

What Happens Next? You will be contacted by Hickory Parks and Recreation representative to let you know if your request has been approved.

This section is to be completed by Scholarship Committee

Fee Arrangement/Payment Plan Recommendation

Recommendation	Total Award Amount (\$) BMSF	Total Balance Due (\$) from Applicants no later than the first day of the program
----------------	------------------------------	---

Full Scholarship

Partial Scholarship

I understand and agree to the payment plan as outline above. **Applicant Initials:** _____

I hereby give my permission for Hickory Parks and Recreation to share anonymous details of my story for purposes of promoting this scholarship program. (You are not required to give this permission.) **Applicant Initials:** _____

Hickory Parks and Recreation Department Representative Signature: _____ Date: _____

